

**Tickets Provided by
Agency Report**

A Public Document

TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name

Date Stamp

California
Form **802**

City of Imperial Beach

Division, Department, or Region (if applicable)

Street Address

825 Imperial Beach Blvd., Imperial Beach, CA 91932

Area Code/Phone Number

E-mail

(619) 423-8301

ibcclerk@cityofib.org

Agency Contact (name and title)

Jacqueline M. Hald, City Clerk

REC-115

2010 FEB

9 A 10:00

CITY MANAGER/PERSONNEL
CITY CLERK OFFICES

☐ Amendment (Must explain in Part 5.)

Date of Original Filing: _____
(month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 1 / 28 / 10 Description of Event: The Comedy Palace Show

Face Value of Ticket: \$ 50.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: The Comedy Palace

Number of Tickets Received: 6 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Larry Martin	2	5.3 (j) City employee drawing.

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: City of Imperial Beach

Name of Individual or Organization: Erika N. Ceja Number of Tickets: 2

Description of Organization: Local Government

Address of Organization: 825 Imperial Beach Blvd., Imperial Beach, CA 91932

Number and Street

City

State

Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Attracting and retaining highly qualified employees in City Service.

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Gary Brown
Signature of Agency Head or Designee

Gary Brown

Print Name

City Manager

Title

2/3/10
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)